# K - 12 Antigen Reporting Guidance

In the facility name please write [SCHOOL NAME] – 'Entity Type'

Ex., Portage West Middle School – Wrestling

Ex., Portage West Middle School – Students

Ex., Portage West Middle School – Educators

Enter the date of testing and the type of test using (BinaxNOW)



## **Antigen Testing Results**

These numbers can be

Please enter Facility Information (and Ordering Provider Information) first. Enter the first tested individual below and then use the "Add Individual" button at the bottom of the screen to add more records. All individuals tested, regardless of result, MUST be entered. When the list is complete, click Submit.



#### Test Information

If you have a provider associated with your school, you can report their first and last name. If you do not you can enter 'Standing Order'

## **Ordering Provider Information**

Provider First Name:

ENTER FIRST NAME OF CAMPUS PROVIDER

Provider Affiliation (or "Standing Order"):

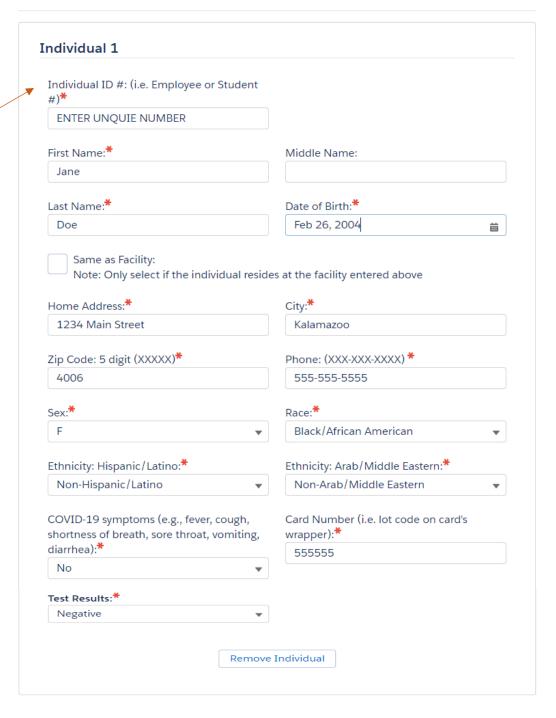
IF NO PROVIDER ENTER 'STANDING ORDER

### **Individual Information**

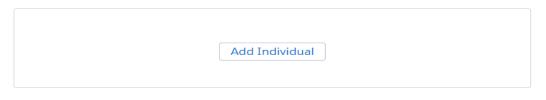
Enter a unique ID for each person testing.
This should be the same week after week.

Complete the remainder of the demographic information, below....

You <u>must</u> report <u>ALL</u> positive and negative results each week!



### Need to add another individual?



Submit

Note: If you don't see a confirmation after clicking "Submit", please scroll up and enter missing information as highlighted.